

**SUMMARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSES**  
**2000 PRIMARY AND GENERAL ELECTIONS**

State of Nevada

DONALD KAPLAN VGID TRUSTEE  
Candidate's Name(print) Office District (if applicable)  
630 WOODRIDGE CIRCLE INCLINE VILLAGE NV 89451 (775) 832-6886  
Mailing Address (include city and zip code) Telephone Number

**REPORT NUMBER 3 - DUE JANUARY 15, 2001**

Report Period Begins: October 26, 2000

Report Period Ends: January 5, 2001

**CONTRIBUTIONS SUMMARY**

1. From Report Numbers 1 and 2, total amount of contributions in excess of \$100	<u>1406<sup>38</sup></u>
2. From Report Numbers 1 and 2, total amount of contributions of \$100 or less	<u>—</u>
3. Report Number 3, total amount of contributions in excess of \$100	<u>100<sup>79</sup></u>
4. Report Number 3, total amount of contributions of \$100 or less	<u>—</u>
From Report Numbers 1, 2, and 3, actual number of contributions of \$100 or less	<u>0</u>
6. Interest and income earned, if any, during this report period	<u>—</u>
7. <b>TOTAL AMOUNT OF ALL CONTRIBUTIONS</b> (add lines 1 through 6)	<u>1507<sup>17</sup></u>

**EXPENSES SUMMARY**

8. From Report Numbers 1 and 2, total amount of expenses in excess of \$100	<u>1406<sup>38</sup></u>
9. From Report Numbers 1 and 2, total amount of expenses of \$100 or less	<u>—</u>
10. Report Number 3, total amount of expenses in excess of \$100	<u>100<sup>79</sup></u>
11. Report Number 3, total amount of expenses of \$100 or less	<u>—</u>
12. <b>TOTAL AMOUNT OF ALL EXPENSES</b> (add lines 7 through 11)	<u>1507<sup>17</sup></u>

If no contributions or expenses are listed during this Report Period, only this page of the report needs to be filed with your filing officer.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on Jan 11, 2001  
Date

Donald Kaplan  
Signature of Candidate

# CAMPAIGN CONTRIBUTIONS

### REPORT PERIOD Number 3

DONALD KAPLAN 1161D TRUSTEE  
Candidate's Name (print) Office District (if applicable)

### Contributions in Excess of \$100 or, When Added Together Exceed \$100

[illegible]

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Candidate's Name (print)

Office

District (if applicable)

## Expenses Categories

CATEGORIES	CODE	TOTALS
Office expenses	A	
Expenses related to volunteers	B	
Expenses related to travel	C	
Expenses related to advertising	D	100 <sup>79</sup>
Expenses related to paid staff	E	
Expenses related to consultants	F	
Expenses related to polling	G	
Expenses related to special events	H	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses	J	

Candidate's Name (print)

Office

District (if applicable)

## Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE
RAINBOW PRINTING Co. 907 TAHOE BLVD. INCLINE VILLAGE, NV 89451	ADVERTISING	10/31/00	100 <sup>79</sup>

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